	Registration (174/32	E FILE NUMBER
	-	District No	·		Registrar's No.
1. PLACE OF DEA	ATH		a. STATE	CE (Where deceased lived, b. COL	If institution: Residence before JNTY
b. CITY (If outs OR	side corporate limits, give	•	c. CITY		Inside Limits
TOWN ST	Louis	Yes No O	TOWN D	Louis	Yes X No D
c. FULL NAME HOSPITAL O INSTITUTION	IR in the second	give location) Length of stay in 15	In (2d2' STREET	(If outside, gi 2742 Hodian	•
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month Day Year
(Type or print)	BEN		TALLER	DEATH R	ay 23,1957
Male	6. color or race White	7. MARRIED MEVER MARRIED WIDOWED DIVORCED	8. date of Birth	fert hirthden	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Oa. USUAL OCCUPATION during most of w	ON (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City to	ed state or country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ISTAOL Tallor			14. MOTHER'S MAIDEN		
	/ER IN U. S. ARMED FORCE		, ,	1	tress
(Yes, no, or unknown)	.,	498- 26-992	l Mayer	aller 735 I	eland
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	CURBHARY T	Coronary thro	21,2	ONSET AND DEATH
Conditions					i
which gave above cau stating the	rise to see (a), under-		<u> </u>	420.1	
above cau stating the lying cau.	rise to size (a), and are last. DUE TO (c)	CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE		19. WAS AUTOPSY PERFORMED?
above cau stating the lying cau. PART H. OT	: fise (o) = (see (o)) = (see (o)) = (see (o)) = (see fost) = (see	CONTRIBUTING TO DEATH BUT NOT RELATE 206. DESCRIBE HOW INJURY OCCURR		CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO X
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Dt.Louis

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may 23,1957

Sentence 1983 ad. No. USSR

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498-26-9921 Mayer Taller 735 Leland

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er by me, or by Student Embalmer No,......

Student.....Signature of Student Embalmer

working under my personal supervision..

o comply with the above constitutes grounds for revocation of license).

Oulf this body is not embalmed, factishould be salstated above.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

X

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

X

5 yrs.

TALLER

Dry Gds. .

BEN White

1274a Hodiamont

St.Louis

Israel Taller

oM

Licensed Embalmer No

P. O. Address

Berger Lemorial 4715 Lichherson

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